V. S. No. 1

	67132
PLACE OF DEATH	STATE OF MARYLAND
County Kent	CERTIFICATE OF DEATH
AN ELECT FARBURGENIES	Registration Dist. No. 202
Village or City (No(No	Compas Cive. Oxt. St.: Ward)  (If death occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED. Mar. WIDOWED. OR DIVORCED (Write the word)	ried 16 DATE OF DEATH June 23.1931.
(Write the word)	(Month) (Day) (Year)
August 25.1851	7.001.111
79 yrs. 10 mos. 1 ds. or	ESS than and that death occurred on the date stated above, at
(a) Trade, profession or urniture Dealer particular kind of work  (b) General nature of industry business, or establishment in	
which employed or (employer)  9 BIRTHPLACE (State or country)  Ireland	Contributory Secondary Arterio Sclerosis  (Duration Several mos. ds.
10 NAME OF	The molling of the second
FATHER  11 BIRTHPLACE AMOS BATTLEY	June 25. 1993 LAddress Chestertown Md.
CState or country)  Treland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Sarah Boyd	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country).	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	if not at place of dea.h?
(Informant) Barber R. Bartley	Former or usual reardence
(Address) Chestertown.Md.	thester Country Jane 26, 1934
	Licks To UNITED HER TOURS
If more banks are needed, addre.s Ltate	Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from of given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the pissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebroginal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death "Uraemia," "Weakness," etc., when a definite disease approved "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The n .ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory

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1931

PLACE OF DEATH 07133 STATE OF MARYLAND CERTIFICATE OF DEATH ed EXACTLY, berly classifled rtificate. Registration Dist. No. Village or City (No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is steed of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S-GINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DWORCED Write the word) ..... (Month) (Day) (Year) ... 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) (Year) 7 AGE If LESS than and that death ecourred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: ESERVED mos. or min. 8 OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry d business, or establishment in \_ (Duration) which employed or (employer) MARGIN 9 BIRTHPLACE Contributory (State or country) Secondary 4 (Duration) D 1D NAME OF 31 00 11 BIRTHPLACE (Address) S OF FATHER COZ Z \*State the Disesse Causing Death, or, in (State or country) Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients or Recent Residents) 13 BIRTHPLACE At place of death ......yrs.......mos......ds. OF MOTHER In the (State or country) 0 J Where was disease contracted, oul if not at place of death?.. Former or 00) usual residence. 19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL Every CIAN: stater alerca 20 UNDERTAKER Registrar If more banks are needed, addre.s state Registras, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

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Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illuess. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil ongineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Physician, Compositor. Architect, For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation Stationary firemon, etc. But in many Laborer-Coal minc, etc., Wom-Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CALSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal forer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. 10 ds. stated unless important. Example: Measles (disease American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of tho injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be cough; Committee on Chronic etc. valvular heart Nomenclature The contributory disease

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V. S. No. 1

PLACE OF DEATH County / County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Buller brun (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I fended the deceased from 192 to 192 that I last saw h l l alive on 192
7 AGE    If LESS than   I day hrs.   or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry Susiness, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  1 Suttle Norm Williams  (State or country)	Contributory Secondary (Duration) yre mos de.
10 NAME OF Lewin 3 Rackston  11 BIRTHPLACE OF FATHER (State or country)  W  Manyland	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidentel, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 Derte Utty	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
(Informant) Const My Knowledge	Former or usual residence
(Address) Butlestown Ind 15 Filed June 3-1921 W. J. Alexki Registrar	Bullerlown und June 24, 1931 20 UNDERTAKER JADDRESS Jull Poud in
	16 W Saratora St. Raito Paguesting V. S. No. 1.

Richmond

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er," etc., without more precise agreement, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of nner, (b) Cotton mill; (a) Salesman, (b) Grocery: Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. carbolic acid-probably suicide. The nature of the injury, tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi American Medical Association.) approved by Committee on Nomenclature can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (secondary or intercurrent) Never report mere symptoms or terminal condiaffection need "Shock," not be

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PLACE OF DEATH

Village or City Bull Works  St.: Ward) (If death or a hospital or tion, give its stead of number.)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX	ccurred ir r institu NAME ir treet and
3 SEX  4 COLOR OR RACE  MARRIED, WIDOWCED (Write the word)  6 DATE OF BIRTH  (Month) (Day)  (Wonth) (Day)  (Wear)  7 AGE  If LESS than and that death occurred on the date stated above, at fine CAUSE OF DEATH was as follows:  BIOCCUPATION  16 DATE OF DEATH  (Month) (Day)  17 I HEREBY CERTIFY, That I attended the decent of the date stated above, at fine CAUSE OF DEATH was as follows:	J.
MARRIED, WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)  7 AGE  If LESS than I day hrs. or min.?  BIOCCUPATION  MARRIED, WIDOWED. OR DEATH * was as follows:	1
(Month) (Day) (Year)  7 AGE    If LESS than   day hrs.   day hrs.   day hrs.   or min.?	(Year)
7 AGE    If LESS than and that death occurred on the date stated above, at	, 1922/
	A
particular kind of work  (b) General nature of industry  business or establishment in	
which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF (Signed)  10 Signed)  (Signed)  (Signed)	
11 BIRTHPLACE OF FATHER (State or country)  W Solution  *State the Disease Causing Death, or, in deather Violent Causes, state (1) Means of Injury and (2) Violent Causes (1) Means of Injury and (2) Violent Causes (1) Means of Injury and (2) Viole	frem Whether
of MOTHER Sarah C Huson  18 LENGTH OF RESIDENCE (For Hospitals, Institution ients or Recent Residents)  At place of death was most described by the state of dea	ns, Trans-
Where was disease contracted, if not at place of dea.h?  Where was disease contracted, if not at place of dea.h?  Former or usual residence.	
(Informant)  (Address) Bullerlow Ms.  (Address) Bullerlow Ms.  Bullerlow Well June 2	S 193/
Filedfure 25: 1981 W. J. Alicks 20 UNDERTAKER BR & DORESS Still Fo	

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STATE OF MARYLAND

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	PLACE OF DEATH County Kent	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
Vi	2FULL NAME Ulise Brave.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Male Caldred Single, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH 43.75, 193
6	(Month) (Day) (Year)	I HEREBY CERTIFY, That I Attended the deceased from 1950. to
	If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows.
	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrsmosds.
9	(State or country) Massachunts	Secondary (Durdon yis mos ds.
	10 NAME OF FATHER	(Sened)
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AAR	OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of desth
14	(Informant) Mary Busick,	if not at place of death?  Former or usual residence
15	Filed fune (3 1931 OU Registrar	Maliphy (Legglery Sanc/S. 1957) 20 UNDERTHER) / (MODRESS)
-	If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House laborer, Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons enetc., Without more proving for the duties of the Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). (b) For persons who have no occupation Automobile factory. The material (b) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

inges, peritonocum, etc., Carcinoma, Sorcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, Examples: Aecidentol drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, (secondary or intercurrent) affection need (Recommendations on statement of cause of FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic volvular and consequences (e.g., sepsis, etc. The contributory Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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DIALE	E OF MARYLAND
15. 1-	
CERTIF	ICATE OF DEATH
Regi	istration Disk No. 203
Village or City Torke Art William	/10 1
St.:	Ward) (If death occurred in a hospital or institu-
2FULL NAME Thomas & Casey	tion, give its NAME i stead of street and
- TOLL HAME J - OF TOLL HAME	number.)
PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIF	ICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. / 16 DATE OF DEATH	
m or Divorced Ju	ne 30, 1931
(Write the word)	onth) (Year) (Year)
6 DATE OF BIRTH	hat I attended the deceased from
Mon 18 48 9 18/ 18/ 18/ 18/ 18/ 18/ 18/ 18/ 18/ 18/	· June 30 ,193/
(Month) (Day) (Year) that I last saw have alive on	June 30 1923/
7 AGE   If LESS than and that death occurred on the da	43.9
day bee The CAUSE OF DEATH &	
ds. or min.	1 /
B OCCUPATION P MOSMISSION	10-12:01.1
(a) Trade, profession or particular kind of work Indeptokers	in the
(b) General nature of industry	4
business, or establishment in	ido) lura dona 2 da
Heart	in line to
9 BIRTHPLACE (State or country) Secondary	Time the same
len co	yeoseleroses
10 NAME OF STATHER (Signed) Tolliance	Til Beall MD
men nomas asly	ock Hall-Ind
11 BIRTHPLACE OF FATHER OF FATHER OF FATHER	
Z (State or country) Violent Causes, state (1) Mean	Death, or, in deaths from of Injury and (2) Whether
12 MAIDEN NAME ACCIDENTAL, Suicidal of Homicidal.	
a sentence (v	r Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER At place	In the
(State or country) any and of death yrs	Stateds.
Where was disease contracted, if not at place of dea h?	
Former or	
(Informant) John Casey usual residence	
19 PLACE OF BURIAL OF REMOVA	DATE OF BURIAL
(Address) Dullimore Ma. Wesley Charlet	Com July 2-103/
Filed 7/2x 13/ B. Lew Dendung 20 UNDERTAKER	ADDRESS
Registral BNP + ollows	Still toud bu
If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Request	ting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Civil engineer, Physician, Compositor, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer 475 laborer, worked on may form part of the second statement. " etc., without more precise specification as Day Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Laboreryrs). For persons who have no occupation (b) Stationary fireman, etc. But in many Automobile factory. The material Architect, Salesman. -Coal mine, etc. Wom-Locomoture engineer, not gainfully em-(d) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept; ed term for the same disease. Examples: Cerebrospindal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mensles; inges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicuemia," "PUERPERAL perdonilis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. (secondary or intercurrent) affection need (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy." "Collapse." "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage cough; " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart Nomenclature Always qualify all disease; not be

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N. B

1	07139
PLACE OF DEATH	STATE OF MARYLAND
County, & County	(20-5) CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Sevralous No. Ukless 2FULL NAME White	Ward)  (If death occurred in a hospital or institution, give its NAME in stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH   23 , 192   (Month) (Dsy) (Year)
6 DATE OF BIRTH	17 / I HEREBY CERTIFY, That I attended the deceased from
brokerowe . 801	1921. to Jun 70 , 1921
(Month) (Day) (Year)	that I last saw halive on hours 20, 1923
7 AGE [If LESS than	and that death occurred on the date stated above, atm
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	(Trience)
(a) Trade, profession or	- Continue
particular kind of work ————————————————————————————————————	July Cold
business, or establishment in which employed or (employer)	(Duration)dede.
9 BIRTHPLACE	Contributory Frederick Ruse
(State or country) Maclaud	(Duration) yra mos de
10 NAME OF FATHER	(Signed) Soulle freuth M. D.
11 BIRTHPLACE	Jan 75 193/ (Address) felledulan
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Rasidents)
OF MOTHER	At place of deathyrsmos,ds. In the Stateyrsmosds
(State or Country)	Where was disease contracted, if not at place of death?
O/	Former or usual residence
(Informant) Hygan lo Carlesone	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lima, Pap.	& enge town June 25. 103
15 Filed June 25 1931 F. It Smithe Registrat	and lost her there is a charles of
If mora banks are needed, address Stata Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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140° F	WRITE PL	-Eyery item of informatic	CANS should state CA
1 . D. 140. L		N. B.	-

	PLACE OF DEATH  County / Cul	STATE OF MARYLAND CERTIFICATE OF DEATH
		46 Registration Dist. No. 201
ate.	Village or City Bellerlon (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and
certificate.	2FULL NAME CHARLES / C	number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
o	6 DATE OF BIRTH  OUG 27, 18/14  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1901. to 1901, that I last saw have alive on 1931,
structions	7 AGE If LESS than I day hrs. or min.?	
See II	(a) Trade, profession or particular kind of work  Carpenter	
Sent.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
odwj	9 BIRTHPLACE (State or country) Kend Co	Contributory Secondary  (Dugation)
s very	10 NAME OF John Henry Crew	(Signed) M. D.  (Signed) M. D.  (Address) Cher L. Lorin
NO	OF FATHER (State or country) Kent County	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAG	of Mother Martia humingha	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
0000	13 BIRTHPLACE OF MOTHER (State or Country) Pennsylvania	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
statement	(Informant) Mrs Charles Il Crew (Address) Betterton my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Sta	15 Filed Jun /7 1921 J Melach	20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  ADDRESS
	Registrar  If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (x) whatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Contains, "Senile," etc.), "Dropsy," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Alaemorthage," "Shock," as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia, ""Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease unges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory affection need not be

Canswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all qu stlons

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH XACTLY, P Registration Dist. No. St.: Ward) Stated E) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Manie 16 DATE OF DEATH WIDOWEO. OR OLVORCED (Write the word) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased (Day) (Year) 7 AGE IfLESS than and that death occurred on the date stated above, at I day hrs. OCCUPATION (a) Trade, profession or particular kind of work refully in plai (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER (Address) OF FATHER RENT \*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) CAU 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death yrs mos ds. (State or country) 7 Where was disease contracted, if not at place of death? TO THE BEST OF MY KNOWLEDGE usual residence. 60 Every it CIANS stateme PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER Registrar If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDI

RESERVED

MARGIN

(If death occurred In a hospital or institu-

tion, give its NAME in -

DATE OF BURIAL

ADDRESS

number.)

(Approved by U.-S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthloborer, additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Statement of Occupation - Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Physician, tion applies to each and every whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement " etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-Mr8): Compositor, For persons who have no occupation (b) Stationary fireman, etc. But in many If the occupation has been changed Automobile factory. The material Architect, Salesman. (b) person, irrespective of Locomotive engineer, Grocery;

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME in -stead of street and <sup>2</sup>FULL NAME number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. pe WIDOWED. OR DIVORCED may (Write the word) (Month) (Pay) (Year) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from that (Month) (Day) (Year) 7 AGE Ilf LESS than and that death occurred on the date stated above, at ..... I day hrs. The CAUSE OF DEATH \* was as follows: RESERVED OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Durstion) which employed or (employer) MARGIN BIRTHPLACE Secondary (State or country) 10 NAME OF 0 (Address) 11 BIRTHPLACE OF FATHER OZ \*State the Discase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether CAU! (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 2 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transate: ients or Recent Residents) 13 BIRTHPLACE At place of death ... In the OF MOTHER ...yrs.......ds. (State or Country 0 0 Where was disease contracted, shoul 14 THE ABOVE IS TRUE TO THE BEST OF MY if not at place of dea.h? Former or usual residence (Informant) PLACE OF BURIAL OR REMOVAL DATE OF BURIA 20 UNDERTAKER ADDRESS If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questhe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many er," etc., without more process. To all mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory: The material (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, etc. The contributory tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Whooping American Medical Association.) approved by Committee on Nomenclature or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic valvular heart Always qualify all disease; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Scruant, Cook, Housenwid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (res state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-coat men at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to etch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocr," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material duties of the (6) Grocery;

Stretement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) Recommendations on statement of cause of telanis) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicids. The nature of the injury or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of ...... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, cough; Chronic valeular heart disease; etc. The contributory

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.201 EXACTL y classif (If death occurred in Ward) a hospital or institu-tion, give its NAME instead of street and number.) <sup>2</sup>FULL NAME do PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH BINDING WIDOWED. back OR DIVORCED onld may (Write the word (Month) I HEREBY CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH CF nstruction a (Month) (Day) (Year) 7 AGE Ilf LESS than and that death occurred on the date stated I day / hrs. supplied. in terms s See,instru RESERVED ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work SATH in plain (b) General nature of industry business, or establishment in importa which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) Q L OB 10 NAME OF 31 0 Sh 11 BIRTHPLACE ENT OF FATHER \*State the Disease Causing Death, or, in deaths from SE Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. CAU (State or country) Œ 12 MAIDEN NAME LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place of death... OF MOTHER State vrs mos ds. ...yrs.....ds. (State or Country) 00 item of S should ment of O Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?. Every item CIANS sho Former or usual residence DATE OF BURIA BURIAL OR ADDRESS 20 UNDERTAKER Registrar If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nanc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servaut, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, ar At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Physician, Campositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, (b) Cotton mill; (a) Salesman. (b) sman, (b) Automobile factory. The without more precise specification as Day For persons who have no occupation Laborer--Coul mine, etc. not gainfully em-Grocery, from

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlicria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Uruemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; approved by (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, curbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY " "Marasmus," "Old Age, " "Shock," cough; Committee on Nomenclature "Heart failure," "Haemorrhage, Chronic etc. valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is ermanently filed.

PLACE OF DEATH Village or City newnam PERSONAL AND STATISTICAL PARTICULARS S SINGLE, Marker 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH \* was as follows: SERVED or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) (Duration) MARGIN BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF 11 BIRTHPLACE on Lui OF FATHER (1) Z RENT CAU (State or country) 4 State ients or Recent Residents) 13 BIRTHPLACE OF MOTHER At place (State or country) 00 Where was disesse contracted, shoul if not at place of death? Every Item CIANS sho statement Former or usus | residence. 19 PL

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 200

(If death occurred in a hospital or institu-St.: Ward) tion, give its NAME it stead of street and

number.) MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from

and that death occurred on the date stated above, at

\*State the L'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

If more binnks are needed, address Ltate Registrar, 16 W. Sarntoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, Physician. Compositor, Architect, Locomotive engineer, worked on may form part of the second statement For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-BASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fover (the only definite synonym is "Epidemic cerebrospinal meningitis"; Liphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drepsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (Recommendations on statement of cause of as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., oi interstitial nephritis, or intercurrent) Chronic and consequences (e.g., sepsis, valvular heart disease; etc. The contributory affection need not be

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STATE OF MARYLAND CERTIFICATE OF DEATH County EXACTLY, if oldseified Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-Ward) properly class stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. A COLOR OF RACE 16 DATE OF DEATH MARRIED. OR DIVORCED dow (Write the word) That I attended the deceased from E OF BIRTH ns so that i (Month) (Day) that I last saw Ilf LESS than 7 AGE and that death occurred on the date stated above, at, I day hrs. RESERVED (a) Trade, profession or particular kind of work (b) General nature of industry ā business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) OD 10 NAME OF 3 1 00 60 11 BIRTHPLACE SON OF FATHER \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (State or country) 20 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME Ca 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State vrs mos... yrs......ds. (State or Country 00 Where was disesse contracted, if not at place of death? THE BEST OF MY KNOWLEDGE of usual residence S (Informant) CIANS OF BURIAL OR REMOVAL Registra If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Gook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furner (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons enician, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the -Coal mine, etc. Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrosping! to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIF-Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> DAmerican Medical Association. Recommendations on statement of cause of "telanus") may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as prabably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary Whooping Examples: Accidental drowning; Struck by railway traintracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; or intercurrent) affection need Chronic etc. palvular Nomenclature The contributory Always qualify all heart not be disease;

data is essential answered in detail, it will prevent further correspondence permanently filed this certificate is looked over thoroughly and all questions and must be obtained before the certificate is

PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County J. U.A.	CERTIFICATE OF DEATH
	Registration Dist. No. 203
and the	A 11 - 201
Village or City Mulual No.	St.: Ward) (If death occurred in a hospital or institu-
Marin Sela	tion, give its NAME li-
2FULL NAME / Wen success	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
T ON I I OR DIVORGED	, 19 <b>2</b>
Luciel Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	may 21 102/ to some 1, 192/
Lebruary 10, 1853	
(Month) (Day) (Year)	that I last saw h slive on 1920,
7 AGE	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
18 yrs. 3 mos. 21 ds. or min.?	
ROCCUPATION	(Rephr. Side Nemerblesso
(a) Trade, profession or particular kind of work tracked muse	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yre mos de.
	Contributory Sement Willem Delevent
9 BIRTHPLACE (State or country)	Secondary (D.: D.)
1 10 NAME OF	(Duration) yrs mos ds.
FATHER Charles Itemay.	(Signed) M. D.
IN 11 BIRTHPLACE	July 1921. (Address) Westalland
OF FATHER (State or country) Toblogo Del	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Y 12 MAIDEN NAMED	Accidental, Suicidal or Homicidal.
of MOTHER Mary Jones Stitch berry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place In the
(State or Country) Tolbatto /M	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
man House While	Former or usual residence
(Informant)/// Fireward	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) : Rack Hall	Wesley Walsel Mee 9. 1931
15 how OT 31 p. M. Soudins	20 UNDERTAKER ADDRESS
Filed Mus Vo 1921 /3. the Registrar	musperson board thisterform
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons enwhatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was under-Whooping cough; Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease; Nomenclature of the

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V. S. No. 1

78

PLACE OF DEATH	STATE OF MARYLAND
County / Cenf	CERTIFICATE OF DEATH
1/1/5/	Registration Dist. No. 20/
Village or City new Moston Mino.	St. Word) (If death occurred in
2 FULL NAME Betty and B	Coulculy a hospital or Institu- tion, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED  WIDOWED  OR DIVORCED  (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH WWW. 5 , 1693	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw have alive on way 1923,
7 AGE  If LESS that I day hrs or min.	The CAUSE OF DEATH * was as follows:
10 NAME OF FATHER  (State or country)  11 BIRTHPLACE  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or Country)  13 BIRTHPLACE  OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration) yrs mos ds,  Contributory Secondary  (Duration) yrs mos ds,  (Duration) yrs mos ds,  (Duration) yrs mos ds,  (Duration) yrs mos ds,  (Edd) (Address) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?
(Informant) John W Rodney  (Address) Worlow wide	Former or usual residence.  19 PEACE OF BURIAL OR REMOVAL  DATE OF BURIAL  LIP ALLS Com  ADDRESS  ADDRESS
Filed flu 70 193/ / Macary	BK Fiellows Still fond
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

07148

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, For many occupations a especially in industrial employments, it is neces-For persons who have no occupation single word or term on

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal | to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect) pneumonia, Bronchopneumonia ("Pneumonia,

> Recommendations on statement of cause of death (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, "Atrophy," "Collapse," "Coma," "Convulsions, cough; 'Congenital," "Senile," etc.), "Dropsy,
> ""Heart failure," "Haemorrhage, Chronic valvular heart disease; and consequences (e.g., sepsis, etc. The contributory

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1931

7. S. No. 1

	PLACE OF DEATH	07143 STATE OF MARYLAND
	County Henr CV.	CERTIFICATE OF DEATH
	million	Registration Dist. No. 200
	Village or City (Yo	St.: Ward) (If deeth occurred in a hospital or institu-
Tricate	2 FULL NAME Mary C. Ko	tion, give its NAME in- stend of street and number.)
certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Jemule Colored (Witowed)  Genule Colored (Witowed)	16 DATE OF DEATH 27, 193 (Month) (Dey) (Year)
ns on b	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 1931. to 1931, that I lest saw had alive on 1931.
ctlo	(Month) (Day) (Year	and that death occured on the date stated above, at 1.30 Arm.
me so netru	52 yre. mos. de or min.?	The CAUSE OF DEATH * was as follows:
See.	(a) Trade, profession or particular kind of work	
nt	(b) General nature of industry business, or establishment in	(D.,,)
	which employed or (employer)	Contributory (Duretlon) yre de.
T D	(State or country) Mary Land.	Secondary (Duretion) yrs mos de.
very i	10 NAME OF July Johnson	(Signed) M. D.
O S I S	OF FATHER  (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
SF.	12 MAIDEN NAME Juliu Hynsin	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
state ccuP.	13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosds.
of O	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
sho	(Informant) Frank Johnson.	Former or usual residence.
iAMS	(Address) 1422 lat &M. Wash. Oak	mellington med. Date of Burial mellington med.
s c	Filed Jame 28-193/ Meshell Brice	plan a. Tolera town millinglow me
	If more blanks are needed, address State Registrar	, 16 W. Seretoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

taborer, at home, tired 6 yrs). For persons who have no occupation state occupation at beginning cfillness. If retired from gaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken Never return 'Laborer,""Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health worked on may form part of the second statement. Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on specifically the occupations of who are engaged in the duties of the Cotton mill; (a) Salesman. (b) Crocery; (b) Automobile factory. The material persons

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; "Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal péritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertaken. For violent deaths state means of injury Whooping cough; Chronic valvular heart disease; Chronic interstitual nephrilis, etc. The contributory (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Always qualify all causing use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcona,, etc., o unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (secondary or intercurrent) affection need .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, death), 29 ds.; Bronchopneumonia (secondary), Example: Measles (disease Measles not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Kery Co	CERTIFICATE OF DEATH
0/	Registration Dist. No.
Tome desello	(16 d ask
Village or City / Williage No.	St.: Ward) (If death occurred in a hospital of institu
2 FULL NAME Jane Cleaves	Well stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH June 16 . 1931
WIDOWED. OR DIVORCED (Write the word)	(Month) 7 (Day) 133 (Year)
6 DATE OF BIRTH	17/ I HEREBY CERTIFY, That I attended the deceased from
nov 2 1866	June 7- 2 193/ ip fine 1 6 - , 1931
(Month) (Day) (Year)	that I last saw h A alive on fame 1 192
7 AGE     If LESS than	and that death occurred on the date stated above, at 2307 m.
off yrs. 1 mos. 14 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION O	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	0
business, or establishment in which employed or (employer)	(Duration) yrs. mos. 7 de.
9 BIRTHPLACE (State or country)  Oologo	Contributory Secondary
recewale	(Puration) yrs mos 9 ds
10 NAME OF FATHER OF OR OF OR OF	(Signed) M. D.
11 BIRTHPLACE	4-17-1901 (Address) Bunedyvelle
Constant Control Colemns	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
C 12 MAIDEN NAME OF ACOUNTY BOMMAN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place In the State yrs ds. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
0 1 8 / Yans 0-0	Former or usual residence
(Informant) / WW / c / flower	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
in a sullimore	HI. M. + 10.
(Address) Jacob	sit oud cere the 79, 19
15 1.0.18 31 Incoach	20 UNDERTAKER ADDRESS!
1 0- 1/000 10	20 UNDERTAKER BRILLOWS Still Poud

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. household only (not paid Housekeepers who receive a Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, Foreman, 07 For many occupations a single word or term on yrs). Farm laborer, At Home, and children, not gainfully em-Compositor, Architect, For persons who have no occupation (6) If the occupation has been changed Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISPEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic valvular heart disease;

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PLACE OF DEATH	07151 STATE OF MARYLAND
County Cut	CERTIFICATE OF DEATH
	Registration Dist No. 213
Village or Cityslesn Jeck Islando. Fork	Jack RA St.: Ward) (If death occurred in a hospit I or institution, give its NAME 1 stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married.  Male White Single, Married.  Widowes Suegle OR DIVORCED (Write the word)	16 DATE OF DEATH 25, 193/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192 . to
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or	Congerulat Mallomades
particular kind of work	The but of my
(b) General nature of industry business, or establishment in	The Amark Lalies 75
which employed or (employer)	(Suration) Sec. 111
9 BIRTHPLACE (State or country)  Transland	Contributory Secondary  (Duralion)
FATHER Jaseph. L. Whaland	(Signed) Train ( fruelt M. D.
OF FATHER	Mu 25 192 (Address) elistato
Z (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MANE	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country) Transplaced	At place In the of death yrsmos, ds. State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) M Lower Blunt	Former or usual residence
(Address) Pock Have RR.	Wesley Olicanel Com 6/24, 193/
Filed 6/2 1931 13. Two Dending Registration	20 UNDERTAKER ADDRESS  Jrs L. Whaland (Yaller) Roch Haff y
If more branks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," ctc., Without more recommend in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Furnier (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrunt, Gook ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oe-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on 3178). who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS, EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (c. g., sepais Recommendations on statement of cause of approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tetanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age, stated unless important. Example: Measles (discase accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the eause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-...... (name origin; "Caneer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of eausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, "Tumor" for malignant neoplasms); FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condi-Chronic affection need etc. The contributory valvular heart " Shock," Measles; disease; not be

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3

1931

C. permanently filed.

ract	PLACE OF DEATH	
PH.	County / Cout	
Ssified	Village or City Kennedyville	
d EXA	2FULL NAME Judson	21
oper	PERSONAL AND STATISTICAL PARTICULA	RS
o do	3 SEX 4 COLOR OR RACE 5 SINGLE,	
ay be	WIDOWED. OR DIVORGED (Write the word)	ingle
E chot at it m ns on	June-1981 Still Boom	y.
ACE	7 AGE (Month) (Day)	(Year) LESS than
lled. ms so	1	day hrs.
ully suppliplaint sermint. See ins	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	T 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
aref 1 In orta	which employed or (employer)	
be ca EATH impo	9 BIRTHPLACE (State or country) Control Co	
CF D	FATHER Judson Whie	le
on s	OF FATHER  (State or country)  (State or country)  (State or country)	
40ª	of MOTHER Catharine WW	rie.
inform state occuzi	13 BIRTHPLACE OF MOTHER (State or Country)  Mennedyville	, ud.
em of should ent of C	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	3E
- 0	(Informant) Ker, While	
Every i	(Address) Klennedyvil	le his
E C E	15 Day 21 Office of	Va

1923/

07152

Registrar

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 201

St: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE C	OF DEATH
16 DATE OF DEATH June 1	6 , 19231
	(Day) (Year)
that I last saw here alive of Sad	
and that death occurred on the date stated	40 4
The CAUSE OF DEATH * was as follows:	D. V. 2
Contributory Secondary (Dylation) (Signed) (Address)	V. Usce M. D.
State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from ory and (2) Whether
18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents)	als, Institutions, Trans-
At place In the of deathyrsmosds. State Where was disease contracted, if not at place of dea.h?	yrsds.
Former or usual residence	
PLACE OF BURIAL OR REMOVAL	Compella :0/2

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. to report specifically the occupations of persons en-For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart etc. The contributory Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 201

St.:W	ard)	(If death a hospital	occurred or instit	
	tion, give i	its NAME I	1 -	

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. to report household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). At Home, and children, not gainfully emspecifically the occupations of persons en-For persons who have no occupation The ques-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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